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Review of Dangerous Motherhood: Insanity and Childbirth in Victorian Britain, by Hilary Marland

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the *Recherches sur la mort*, rather than in the *Recherches sur la vie*. Proximity searches help to detect the patterns of the arguments developed by Bichat to describe his experiments (pp. 139–68), and to expose the uncertainties affecting some of his beloved theoretical distinctions, like the one between *sensibilité* and *contractilité* (p. 115). Part 3, finally, contains an assessment of the impact of Bichat's language on the works of his contemporaries Anthelme Richerand and F.-R. Buisson, also based on the techniques of computational linguistics.

In the end, to answer the questions that di Palo set out to address, computational tools show that Bichat could not really claim to have introduced an entirely new language for physiology. According to di Palo, however, those same tools reveal that, especially in the *Recherches sur la mort*, Bichat did develop arguments that marked a new territory for *experimental* physiology, and a substantial departure from the tradition of vitalism in which he had been brought up.

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Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Basingstoke, U.K.: Palgrave Macmillan, 2004. xii + 303 pp. Ill. \$75.00 (1-4039-2038-9).

Dangerous Motherhood is a carefully researched and well-written work whose specific focus on puerperal insanity—a relatively mild and curable condition tied to the clear physical events of childbirth—complicates and enriches earlier scholarship on women and mental illness in the Victorian period. Puerperal insanity, argues Hilary Marland, was a disease of the nineteenth century, a diagnosis made possible by the Victorian sense of woman as a “victim of her fragile nervous system and unpredictable reproductive organs” (p. 6). During the “golden age” of puerperal insanity, roughly 1840–70, environmental explanations for insanity still held sway over the hereditary explanations that would consume late nineteenth- and early twentieth-century medicine. According to the Victorian domestic ideology of these decades, it was to the ideal of natural mother and moral wife that women were supposed to conform, and to which doctors were supposed to restore them. That puerperal insanity was so disruptive to this ideal and to domestic order is what makes it such a significant disease to scholars of Victorian culture.

Through the seven chapters of her book, Marland demonstrates the broad scope of puerperal insanity and the many factors that complicated its diagnosis and treatment. The disease itself took two forms—melancholia and mania—each with its own dangers and type of treatment (p. 35). Doctors of this period saw environmental factors as integral to puerperal insanity; Marland is therefore particularly sensitive to differences in the class and social position of women sufferers. Wealthy women and those with mild cases were often treated at home

by private physicians or midwifery practitioners. Severe cases and impoverished women—those who could not afford private medical care, or to whom an asylum actually represented a respite from the home—were treated by alienists in large institutions. Part of this story, then, concerns the changing nature of medicine and the rivalry between alienists and midwifery practitioners.

At the center of *Dangerous Motherhood* are chapters that balance the scope of the book with in-depth treatments of puerperal insanity; these help Marland maintain the individuality of patients while developing a more generalized picture of the female sufferer. Chapter 3 looks at cases of puerperal insanity in the bourgeois home, where doctors attempted not only to cure the patient but to “repair the household” that had been disrupted (p. 74). The illnesses of Isabella Thackeray and Sara Coleridge illustrate this phenomenon, but also show how women sometimes “foiled the physicians’ potential to put the household to rights” (p. 92). In chapter 4, Marland uses the rich archives of the Royal Edinburgh Asylum to examine how asylum doctors acted upon medical theory about puerperal insanity. Chapter 5 broadens the discussion to institutions beyond the Royal Edinburgh Asylum, including the Warwick County Lunatic Asylum, and to published case notes and other records. The examples from the Warwick Asylum show us the extent to which poor health and poverty contributed to and exacerbated mental suffering. In chapter 6, Marland looks at how diagnoses of puerperal insanity could win sympathetic verdicts for infanticides by explaining this “antithesis of womanhood” as a temporary and “almost ‘normal’ side-effect of giving birth” (p. 198).

Finally, Marland notes how by the end of the nineteenth century puerperal insanity, considered so prevalent in the Victorian period, was being “written out” of medical textbooks and records—an apparent victim of the Kraepelinian diagnostic system, as heredity and biological psychiatry displaced environment as the dominant explanation for puerperal insanity. With this shift, treatments became less humane, with “heavier dosing and sedation” and less emphasis on “beef tea and rest” (p. 206). Marland sees in these changes continued significance for the care of women who “become disturbed after giving birth” (p. 204).

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Kristine Swenson. *Medical Women and Victorian Fiction*. Columbia: University of Missouri Press, 2005. ix + 233 pp. Ill. \$39.95 (0-8262-1566-1).

Historians and interdisciplinary scholars will find this study of nineteenth-century Victorian literature on medical women illuminating. Primarily a literary scholar, Kristine Swenson has done her homework, digesting an array of social-historical literature on British nurses and women physicians, as well as key texts on nineteenth-century social transformation and the emergence of the empire.